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U.S.	P

## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.	FALLS-68055					
First Inventor	Tammy Ha					
Title	TOPICAL SKIN CARE COMPOSITION					
Express Mail Label	EV327059855US	D				

(Only for new no	nprovisional applications under 37 CFR 1.53(b))	Express N	fail Label		059855US	DL @	
See MPEP cha	APPLICATION ELEMENTS apter 600 concerning utility patent application co	ontents.	A	ADDRESS TO:	Commissi P. O. Box	Patent Application oner for Patents 1450 a VA 22313-1450	U.S. 9801
Subr	Transmittal Form (e.g., PTO/SB/17) mit an original, and a duplicate for fee processin icant claims small entity status. 37 CFR 1.27.	ng)		CD-ROM or CD- Computer Progra	R in dup am <i>(App</i> o o Acid S	licate. large table or	22857
(preference (prefe	Newly executed (original or copy)  Copy from a prior application (37 CF (for continuation/divisional with Box 18 continuation of INVENTOR(S)  Signed statement attached deleting named in the prior application, see	7 ] R 1.63(d)) mpleted) S) ng inventor(s)	9.	Specification Ser  i. CD-R  ii. Paper  Statement  COMPANYING  Assignment Paper  37 CFR 3.73(b) Some series and series are series and	quence L COM or Cor ts verifying ts verifying ts verifying essignee) on Docur osure PTO-144 adment ostcard ( ally itemize Priority I ciclaimed) equest u	ED-R (2 copies); or  Ing identity of above cop  LICATION PARTS  In sheet & document(s);  In Power of Atte  In Power of ID  Copies of ID  Citations  (MPEP 503)	orney S
6. Appli	1.63(d)(2) and 1.33(b). ication Data Sheet. See 37 CFR 1.76		17.	Other:			
specification follow Contin Prior app For CONTINUAT under Box 5b, Is	olication information: Examiner	nder 37 CFR ation-in-part re disclosure e accompany n portion has	1.76:  (CIP) of pro-	ior application No Group / Art application, from v lon or divisional a lently omitted from	Unit:	oath or declaration is s	 upplied ated by
X	Customer Number:	24201		or [	Corre	spondence address below	
Name F	Morley Drucker, Esq. ULWIDER PATTON LEE & UTECHT, I 060 Center Drive, Tenth Floor	LLP					
City L	os Angeles,	State	California	Zin I	Code	90045	
-	<del></del>		(310) 824-555		<del>r  </del>	(310) 824-9696	
Name (Pri	3 3		Regis	tration No. (Attorne	ey/Agent) Date	19751 March 10, 2004	$\overline{)}$

This collection of information is required by 37 CFR 1.526). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

## Complete if Known Application Number for FY 2004 Filing Date March 10, 2004 Effective 10/01/2003. Patent fees are subject to annual revision. First Named Inventor Tammy Ha Applicant claims small entity status. See 37 CFR 1.27 **Examiner Name** Art Unit **TOTAL AMOUNT OF PAYMENT** (\$) \$425.00 Attorney Docket No. **FALLS-68055**

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)								
Check Credit card Order Other None	3. ADDITIONAL FEES								
Deposit Account:	Large Fee	<u>ntity</u> Fee	Smal Fee	<u>Entity</u> Fee	-				
Deposit Account 06-2425	Code	(\$)	Code	(\$)		Description			Fee Paid
Account Number 06-2425	1051	130	2051		Surcharge - late	•			
Deposit	1052	50	2052	25	Surcharge - late sheet	provisional	filing fee or	cover	
Account Name	1053	130	1053	130	Non - English sp	ecification			
The Director is authorized to: (check all that apply)	1812	2,520	1812	2,520	For filing a reque	est for <i>ex pa</i>	rte reexami	ination	
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publ	lication of S	IR prior to E	xaminer	
Charge any additional fee(s) or any underpayment of fee(s)	1805	1,840*	1805	1,840*	action Requesting publ	lication of S	IR after Eva	miner	
Charge fee(s) indicated below, except for the filling fee	1000	1,040		•	action				
to the above-identified deposit account.	1251	110	2251	55	Extension for rep	•			
FEE CALCULATION	1252	420	2252	210	Extension for rep			1	
1. BASIC FILING FEE	1253	950	2253		Extension for rep	•			
Large Entity   Small Entity	1254	1,480	2254	740	Extension for rep	ply within fo	urth month		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	1255	2,010	2255	1,005	Extension for rep	ply within fift	th month		
1001 770 2001 385 Utility filing fee 385.00	1401	330	2401	165	Notice of Appea	1			
1002 340 2002 170 Design filing fee	1402	330	2402	165	Filing a brief in s	support of ar	n appeal		
1003 530 2003 265 Plant filing fee	1403	290	2403	145	Request for oral hearing				
1004 770 2004 385 Reissue filing fee	1451	1,510	1451	1,510	Petition to institu				
1005 160 2005 80 Provisional filing fee	1452	110	2452	55	Petition to revive - unavoidable				
SUBTOTAL (1) (\$) \$385.00	1453	1,330	2453	665	Petition to revive	tion to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND	1501	1,330	2501	665	Utility issue fee (or reissue)				
Fee from	1502	480	2502	240	Design issue fee				
Extra Claims below Fee Paid  Total Claims 10 -20** = 0 X = 0.00	1503	640	2503	320	Plant issue fee [				
Independent 3 - 3** = 0 X = 0.00	1460	130	1460	130	Petitions to the Commissioner				
Claims Silver Multiple Dependent =	1807	50	1807	50	Processing fee under 37 CFR § 1.17(q)				
Large Entity   Small Entity	1806	180	1806	180	Submission of Ir Statement	nformation E	Disclosure		
Fee Fee Fee Fee Description Code (\$)	8021	40	8021	40	Recording each (times number o			property	40.00
1202 18 2202 9 Claims in excess of 20	1809	770	2809	385	Filing a submiss	ion after fina	•		
1201 86 2201 43 Independent claims in excess of 3	1810	770	2810	205	(37 ČFR § 1.129(a))  For each additional invention to be examined				
1203 290 2203 145 Multiple dependent claim, if not paid	1010	770	2010	303	(37 CFR § 1.12		II to be exa	mined	
1204 86 2204 43 ** Reissue independent claims over original patent	1801	770	2801	385	Request for Con	ntinued Exar	mination (R	CE)	
1205 18 2205 9 ** Reissue claims in excess of 20	1802	900	1802	900	Request for export of a design appli		nination		
and over original patent	Oth	er fee (	specify	)	or a acoign appr	location			
SUBTOTAL (2) (\$) \$0.00									
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**or number previously paid, if greater; For Reissues, see above	*Red	uced b	y Basic	: Filing	Fee Paid	308101	VE (9)	(\$)	\$40.00
SUBMITTED BY						Complete (i	if applicable)		
Name (Print/Type)  I. Morley Drucker, Esq. (Al				<sup>2.</sup>   _	19.751	Telephone		(310) 824-5	555
Signature						Date	Ma	rech 10, 20	04

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